

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR ENHANCING MATERIAL PROPERTIES AND MATERIALS SO ENHANCED

the specification of which (check only one item below):

☒ is attached hereto.

☐ was filed as U.S. Patent Application Serial No. _____ on _____ and was amended on _____ (if applicable).

☐ was filed as PCT International Application No. _____ on _____ and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/405,094	21-August-2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		

**COMBINED DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY (Continue)**

**ATTORNEY'S DOCKET NUMBER
19226/2181 (R-5766)**

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. **Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758; Andrew K. Gonsalves, Registration No. 48,145; Noreen L. Connolly, Registration No. 48,987; John Campa, Registration No. 49,014**

Send Correspondence to:
Michael L. Goldman, Esq.
NIXON PEABODY LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603

Direct Telephone Calls to:
(name and telephone number)
Michael L. Goldman
(585) 263-1304

201	FULL NAME OF INVENTOR	FAMILY NAME Mollendorf	FIRST GIVEN NAME Joseph	SECOND GIVEN NAME C.
	RESIDENCE & CITIZENSHIP	CITY Amherst	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 274 Ruskin Road	CITY Amherst	STATE & ZIP CODE/CTRY New York 14226-4256/USA
202	FULL NAME OF INVENTOR	FAMILY NAME Pendergast	FIRST GIVEN NAME David	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 221 Pierce Avenue	CITY Hamburg	STATE & ZIP CODE/CTRY New York 14075/USA
203	FULL NAME OF INVENTOR	FAMILY NAME Bardy	FIRST GIVEN NAME Erik	SECOND GIVEN NAME R.
	RESIDENCE & CITIZENSHIP	CITY Salt Point	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 24 Clinton Avenue	CITY Salt Point	STATE & ZIP CODE/CTRY New York 12578/USA
204	FULL NAME OF INVENTOR	FAMILY NAME Samimy	FIRST GIVEN NAME Sawson	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Geneva	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 3118 Pre-Emption Road	CITY Geneva	STATE & ZIP CODE/CTRY New York 14456/USA
205	FULL NAME OF INVENTOR	FAMILY NAME Stimson	FIRST GIVEN NAME Eric	SECOND GIVEN NAME M.
	RESIDENCE & CITIZENSHIP	CITY North Tonawanda	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 1287 Wurlitzer Court	CITY North Tonawanda	STATE & ZIP CODE/CTRY New York 14120/USA
206	FULL NAME OF INVENTOR	FAMILY NAME Dauria	FIRST GIVEN NAME Colin	SECOND GIVEN NAME K.
	RESIDENCE & CITIZENSHIP	CITY Syracuse	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 307 Highland Avenue	CITY Syracuse	STATE & ZIP CODE/CTRY New York 13203/USA

2 0 7	FULL NAME OF INVENTOR	FAMILY NAME Buchner	FIRST GIVEN NAME Raymond	SECOND GIVEN NAME D.
	RESIDENCE & CITIZENSHIP	CITY Clarence	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 4773 Thompson Road	CITY Clarence	STATE & ZIP CODE/COUNTRY New Y rk 14031/USA
2 0 8	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
SIGNATURE OF INVENTOR 201 (UNSIGNED)		SIGNATURE OF INVENTOR 202 (UNSIGNED)		SIGNATURE OF INVENTOR 203 (UNSIGNED)
DATE		DATE		DATE
SIGNATURE OF INVENTOR 204 (UNSIGNED)		SIGNATURE OF INVENTOR 205 (UNSIGNED)		SIGNATURE OF INVENTOR 206 (UNSIGNED)
DATE		DATE		DATE
SIGNATURE OF INVENTOR 207 (UNSIGNED)		SIGNATURE OF INVENTOR 208		SIGNATURE OF INVENTOR 209
DATE		DATE		DATE